



THRIFT SAVINGS PLAN

INFORMATION RELATING TO DECEASED PARTICIPANT

TSP-17

Use this form to provide information about potential beneficiaries of a deceased Thrift Savings Plan (TSP) participant. Read the instructions for each section before completing the form. **A copy of the participant's certified death certificate must accompany this form.**

I. INFORMATION ABOUT DECEASED PARTICIPANT

1. Name of Deceased Participant _____
Last First Middle
2. _____ — _____ — _____ 3. _____ 4. _____
Social Security Number Date of Birth (Month/Day/Year) Date of Death (Month/Day/Year)
5. Legal Residence at Time of Death _____
Street Address
6. City _____ 7. _____ 8. _____
State/Country Zip Code
9. Check here to indicate that you have attached a copy of the certified death certificate (as required).

II. INFORMATION ABOUT YOU

10. Name _____ 11. _____ — _____ — _____
Last First Middle Social Security Number (or TIN if estate)
12. Address _____
Street Address or Box Number
13. City _____ 14. _____ 15. _____
State Zip Code
16. Daytime Phone (_____) _____ — _____ 17. _____
Relationship to Deceased Participant

III. INFORMATION ABOUT POTENTIAL BENEFICIARIES

18. **Participant's Spouse** - Was the participant married at the time of death?
Yes No Don't Know
If "Yes," skip to Section IV; if "No" or "Don't Know," complete questions 19-22 below.
19. **Participant's Children** - At the time of the participant's death, were there any **living** children of the participant?
Yes No Don't Know
If "Yes," how many? _____ Check here if unsure of the number of children you entered.
20. **Participant's Grandchildren** (from deceased children **only**) —
A. Were there any children of the participant who died **before** the participant died?
Yes No Don't Know
If "Yes," how many? _____ Check here if unsure of the number of children you entered.
B. If the participant had children who died before he/she died, were there any descendants of those children (i.e., the participant's grandchildren)?
Yes No Don't Know
If "Yes," how many? _____ Check here if unsure of the number of grandchildren you entered.
21. **Participant's Parents** —
A. Was the participant's mother living at the time of the participant's death?
Yes No Don't Know
B. Was the participant's father living at the time of the participant's death?
Yes No Don't Know
22. **Executor or Administrator of Participant's Estate** - Is there an Executor or administrator for the estate of the participant?
Yes No Don't Know

If you answered "Yes" to any of questions 19-22, complete Section IV and the rest of this form. If you answered "No" to **every** question in this Section III, skip to Section VII; you may be contacted for additional information.

INFORMATION AND INSTRUCTIONS

IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES

The information in this section will be used to locate potential beneficiaries. Be sure to fill in the deceased participant's name and Social Security number at the top of the page. If you need to list more than five persons, make as many photocopies of the page as you need. Check the box at the bottom of the page, and indicate the number of additional pages attached.

If you cannot provide all of the requested information, provide as much information as you can. Write "Don't Know" on any line for which you do not have information. If the information that you are able to provide is not enough to contact the potential beneficiary (that is, if you cannot provide a full address or telephone number) or if you only have information about some of the beneficiaries, also complete Section V.

When providing information about a potential beneficiary who was living at the time of the participant's death but who died after the participant, be sure to provide the date of death for that person.

If you are providing information about children of the participant, be sure to include natural children (including those who were born out of wedlock) and those who were adopted by the participant. **Do not provide** information for natural children who were adopted by someone other than the participant's spouse.

In the following example, the participant was not married at the time of death, but the participant has two living children, a deceased child who had a son, and a surviving father. Because the participant was not married at the time of death, the applicant needs to provide information about the participant's living children and the grandchild (from the participant's deceased child) identified in Items 19 and 20B. There is no need to provide information about the deceased child identified in Item 20A because that child predeceased the participant. There is also no need to provide information about the surviving parent, because the living children and grandchild will be the beneficiaries according to the statutory order of precedence.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---|---------------|---------------|----------------|-----------------|---------------------|----------------------|-----------------------|---|---|-------------------------------------|--------------------------------|----------------------|-----------------|--------------|---|---|---------------------|----------------------|-------------------------|-------------------------|----------------------|-------------|---|---|--|--|--|--|--|--|
| III. INFORMATION ABOUT POTENTIAL BENEFICIARIES | 18. Participant's Spouse -- Was the participant married at the time of death? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19. Participant's Children -- At the time of the participant's death, were there any living children of the participant? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If "Yes," how many? <u>2</u> <input type="checkbox"/> Check here if unsure of the number of children you entered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20. Participant's Grandchildren (from deceased children only) -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A. Were there any children of the participant who died before the participant died? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If "Yes," how many? <u>1</u> <input type="checkbox"/> Check here if unsure of the number of children you entered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | B. If the participant had children who died before he/she died, were there any descendants of those children (i.e., the participant's grandchildren)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If "Yes," how many? <u>1</u> <input type="checkbox"/> Check here if unsure of the number of grandchildren you entered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES | 21. Participant's Parents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A. Was the participant's mother living at the time of the participant's death? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | B. Was the participant's father living at the time of the participant's death? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <hr/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td>Name</td> <td>Stanek</td> <td>Brad</td> <td>Scott</td> <td>Son</td> </tr> <tr> <td><small>Last</small></td> <td><small>First</small></td> <td><small>Middle</small></td> <td colspan="2"><small>Relationship to Deceased Participant</small></td> </tr> <tr> <td colspan="2">Address <u>123 Main Street</u></td> <td><u>Chicago,</u></td> <td><u>IL</u></td> <td><u>60612</u></td> </tr> <tr> <td colspan="2"><small>Street Address or Box Number</small></td> <td><small>City</small></td> <td><small>State</small></td> <td><small>Zip Code</small></td> </tr> <tr> <td>Phone (<u>312</u>)</td> <td><u>555</u></td> <td><u>1985</u></td> <td colspan="2">Social Security Number <u>912</u> - <u>34</u> - <u>5678</u></td> </tr> <tr> <td colspan="2"><small>Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening</small></td> <td colspan="3">If this person died after the participant, provide the date of death. <small>Month Day Year</small></td> </tr> </table> | | | | Name | Stanek | Brad | Scott | Son | <small>Last</small> | <small>First</small> | <small>Middle</small> | <small>Relationship to Deceased Participant</small> | | Address <u>123 Main Street</u> | | <u>Chicago,</u> | <u>IL</u> | <u>60612</u> | <small>Street Address or Box Number</small> | | <small>City</small> | <small>State</small> | <small>Zip Code</small> | Phone (<u>312</u>) | <u>555</u> | <u>1985</u> | Social Security Number <u>912</u> - <u>34</u> - <u>5678</u> | | <small>Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening</small> | | If this person died after the participant, provide the date of death. <small>Month Day Year</small> | | |
| | Name | Stanek | Brad | Scott | Son | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <small>Last</small> | <small>First</small> | <small>Middle</small> | <small>Relationship to Deceased Participant</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address <u>123 Main Street</u> | | <u>Chicago,</u> | <u>IL</u> | <u>60612</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="0"> <tr> <td>Name</td> <td>Stanek</td> <td>Thomas</td> <td>Arthur</td> <td>Grandson</td> </tr> <tr> <td><small>Last</small></td> <td><small>First</small></td> <td><small>Middle</small></td> <td colspan="2"><small>Relationship to Deceased Participant</small></td> </tr> <tr> <td colspan="2">Address <u>921 North Avenue</u></td> <td><u>Gaithersburg,</u></td> <td><u>MD</u></td> <td><u>20878</u></td> </tr> <tr> <td colspan="2"><small>Street Address or Box Number</small></td> <td><small>City</small></td> <td><small>State</small></td> <td><small>Zip Code</small></td> </tr> <tr> <td>Phone (<u>301</u>)</td> <td><u>555</u></td> <td><u>1980</u></td> <td colspan="2">Social Security Number <u>934</u> - <u>56</u> - <u>7890</u></td> </tr> <tr> <td colspan="2"><small>Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening</small></td> <td colspan="3">If this person died after the participant, provide the date of death. <small>Month Day Year</small></td> </tr> </table> | | | | Name | Stanek | Thomas | Arthur | Grandson | <small>Last</small> | <small>First</small> | <small>Middle</small> | <small>Relationship to Deceased Participant</small> | | Address <u>921 North Avenue</u> | | <u>Gaithersburg,</u> | <u>MD</u> | <u>20878</u> | <small>Street Address or Box Number</small> | | <small>City</small> | <small>State</small> | <small>Zip Code</small> | Phone (<u>301</u>) | <u>555</u> | <u>1980</u> | Social Security Number <u>934</u> - <u>56</u> - <u>7890</u> | | <small>Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening</small> | | If this person died after the participant, provide the date of death. <small>Month Day Year</small> | | | |
| Name | Stanek | Thomas | Arthur | Grandson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening</small> | | If this person died after the participant, provide the date of death. <small>Month Day Year</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Deceased Participant's Name _____ SSN _____ - _____ - _____

**IV.
DETAILED
INFORMATION
ABOUT
POTENTIAL
BENEFICIARIES**

If the participant was married at the time of death, provide the requested information for the deceased participant's spouse only. **Otherwise**, provide the requested information for all **living** children of the participant whom you identified in Item 19 and all grandchildren (**from deceased children only**) whom you identified in Item 20B in Section III. (You do not need to provide this information for any children identified in Item 20A who died before the participant.)

If you answered "**No**" to **all** questions related to the spouse **and** children, provide the requested information for parent(s) of the participant identified as living in Items 21A and 21B. **If there were no living parents**, provide information about the Executor or Administrator identified in Item 22.

I **Name** _____
Last First Middle Relationship to Deceased Participant _____
Address _____
Street Address or Box Number City State Zip Code _____
Phone (_____) _____ - _____ Social Security Number _____ - _____ - _____
Check one: Daytime Evening _____
If **this** person died **after** the participant, provide the date of death. _____
Month Day Year

I **Name** _____
Last First Middle Relationship to Deceased Participant _____
Address _____
Street Address or Box Number City State Zip Code _____
Phone (_____) _____ - _____ Social Security Number _____ - _____ - _____
Check one: Daytime Evening _____
If **this** person died **after** the participant, provide the date of death. _____
Month Day Year

I **Name** _____
Last First Middle Relationship to Deceased Participant _____
Address _____
Street Address or Box Number City State Zip Code _____
Phone (_____) _____ - _____ Social Security Number _____ - _____ - _____
Check one: Daytime Evening _____
If **this** person died **after** the participant, provide the date of death. _____
Month Day Year

I **Name** _____
Last First Middle Relationship to Deceased Participant _____
Address _____
Street Address or Box Number City State Zip Code _____
Phone (_____) _____ - _____ Social Security Number _____ - _____ - _____
Check one: Daytime Evening _____
If **this** person died **after** the participant, provide the date of death. _____
Month Day Year

I **Name** _____
Last First Middle Relationship to Deceased Participant _____
Address _____
Street Address or Box Number City State Zip Code _____
Phone (_____) _____ - _____ Social Security Number _____ - _____ - _____
Check one: Daytime Evening _____
If **this** person died **after** the participant, provide the date of death. _____
Month Day Year

Check here if additional pages are used. Number of additional pages _____.

INFORMATION AND INSTRUCTIONS

V. REFERRAL FOR INFORMATION

If you answered "Don't Know" about potential beneficiaries in Section III, **or** you cannot provide a name, address, or the telephone number for any individual you identified in Section IV, provide the name, address, and the phone number of anyone else whom the TSP can contact to obtain this information. If you cannot provide both the address and telephone number, provide any information that you can.

VI. ADDITIONAL INFORMATION

You can use the space in this section to expand upon or clarify any information provided on this form. You can also use this space to provide additional information not covered elsewhere on this form that may be relevant to the disposition of the deceased participant's account. (If you need additional space, continue on a blank sheet of paper.)

VII. CERTIFICATION

You must sign and date this form.

Deceased Participant's Name _____ SSN _____ - _____ - _____

**V.
REFERRAL
FOR
INFORMATION**

Complete this section if:

- | You cannot provide a current address or telephone number for a potential beneficiary whom you listed in Section IV.
- | There is no spouse and you believe there may be additional children about whom you have limited knowledge.
- | You answered "Don't know" about potential beneficiaries in Section III.

Please refer us to someone who may be able to provide this information. (For more space, use Section VI.)

Name _____ (_____) _____ - _____
Daytime Phone

Address _____

City _____ State _____ Zip Code _____

Relationship to Participant _____

To which potential beneficiary(ies) does this referral apply? _____

**VI.
ADDITIONAL
INFORMATION**

Use this space to provide any information that may be relevant to the disposition of the deceased participant's account and that is not covered elsewhere on this form.

**VII.
CERTIFICATION**

I certify that the information I have provided is true and complete to the best of my knowledge. **Warning:** Any intentional false statement in this form or willful misrepresentation concerning it is a violation of the law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

23. _____
Your Signature

24. _____
Date Signed

PRIVACY ACT NOTICE. We are authorized to collect this information under 5 U.S.C. " 8401-8479 (1994). We are authorized by Executive Order Number 9397 to ask for the participant's Social Security number and your Social Security number, and by 26 U.S.C. 6109 (1994) to request a Taxpayer ID number. We will use the information on this form to identify the participant's account and process this form. This information may be shared with other Federal agencies to administer the account or for statistical, auditing, or archiving purposes. This information may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information

under this program, to report income tax, or for other law enforcement purposes. It may also be shared with Congressional offices, Individual Retirement Arrangement plans, auditing firms, and other beneficiaries and representatives of the participant's estate. It may also be released in response to a court order or subpoena, or to appropriate parties engaged in litigation affecting the participant's TSP account. You are not required to provide any of the information requested on this form, but if it is not provided, the TSP Service Office may not be able to make payment or correspond with you.